

CLAIMS ONLY						Application Number <i>10088889</i>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10	1						60					
11		1					61					
12			1				62					
13			1				63					
14			1				64					
15	1						65					
16		1					66					
17			1				67					
18	1						68					
19		1					69					
20	1						70					
21	1						71					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	5						Total Indep					
Total Depend	7	←	←	←			Total Depend	←	←	←	4	
Total Claims	12						Total Claims					